



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

RECEIVED

By Carol Day at 3:01 pm, May 12, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN

12672

NAME OF AGENCY

BALLWIN POLICE DEPT.

DATE OF INSPECTION

05/02/2014

LOCATION OF INSTRUMENT (STREET AND CITY)

300 PARK DRIVE BALLWIN

TIME OF INSPECTION

06:37 CDT

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

☒ BLANK CHECK

☒ CO2 CHECK

☒ FC 1 TEMP

☒ FLOW CHECK

☒ SRC TEMP

☒ FCB CHECK

☒ DET TEMP

☒ CRC COMP CHECK

☒ BT TEMP

☒ CRC CAL CHECK

☒ STD 2 TEMP

☒ PRINT TEST

☒ ETH CHECK

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER

INTOXIMETERS

LOT# AG402002

EXP. DATE 01/20/2016

☐ SIMULATOR TEMP (34°C \pm 0.2°C)

SIMULATOR S/N

SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.101 g/210L

TEST 2 0.101 g/210L

TEST 3 0.101 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 0

0-.04 0

.05-.09 2

.10-.14 0

.15-.19 0

OVER .19 1

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

TEST TEST TEST

TEST TEST

INSPECTING OFFICER

SIGNATURE

PHIL WOOLSEY 248

PRINT FULL NAME

WOOLSEY, PHIL

TYPE II PERMIT NUMBER

230278

EXPIRATION DATE

11/26/2015

TELEPHONE NUMBER

(636) 227-9636

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 21-Jan-2014

Lot # AG402002

Exp. Date

20-Jan-2016

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.

EB0010581
EB0010570
EB0010285
EB0010561
EB0010681

Concentration

391.8 ppm
259.8 ppm
209.0 ppm
103.7 ppm
52.22 ppm

Serial No.

EB0010603
EB0010559
EB0010595
EB0010562
EB0010579

Concentration

392.5 ppm
258.9 ppm
208.9 ppm
104.9 ppm
52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2014.01.21 13:44:31 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: _____

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
PHIL WOOLSEY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/26/2013

NUMBER 230278

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 580-0771 (6-10)

LAB-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	INSTRUMENT OPERATOR CARD
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
Operator WOOLSEY, PHIL Permit No 230278 Date Issued 11/26/2013 Date Expires 11/26/2015	